

Name
in
Full

Richard Baldwin

CERTIFICATE OF DEATH

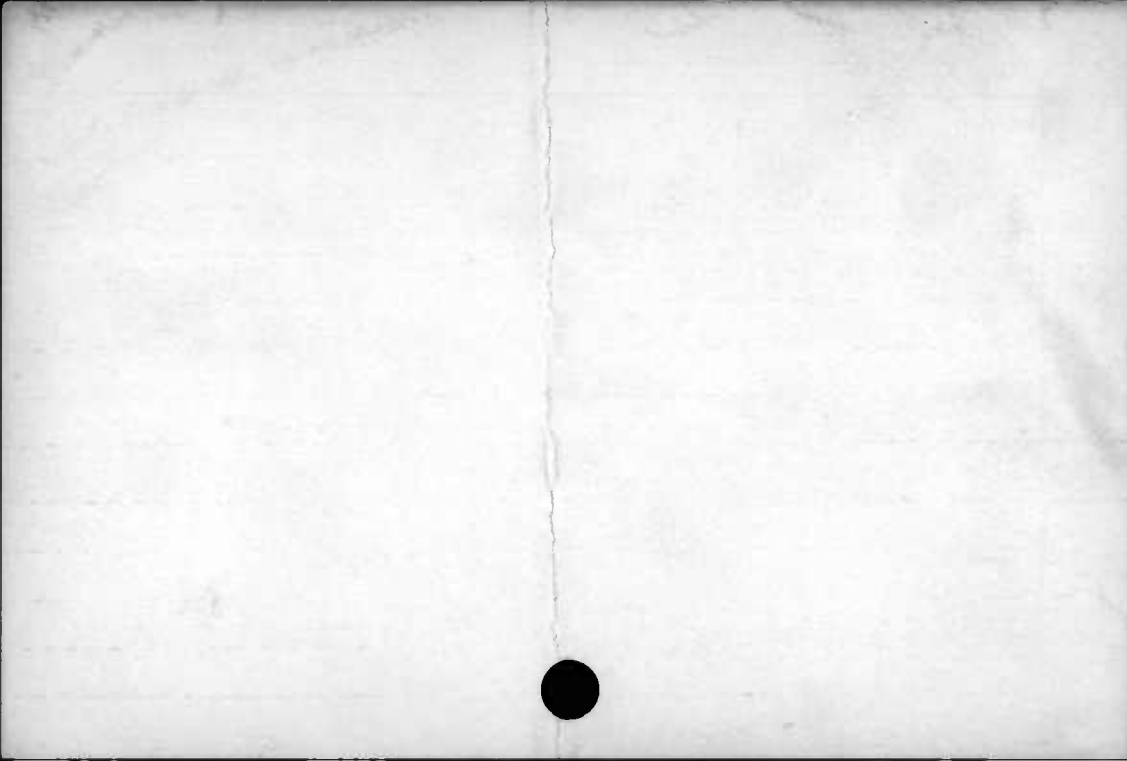
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waterbury Md.</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 1903	Month <i>February</i>	Day <i>20</i>	Age <i>75</i>	Years	Months <i>4</i>	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Waterbury Md.</i>						
Married, Single or Widowed <i>Married</i>			Occupation <i>Farming</i>						
Name of Wife or Husband <i>Sophronia Jane Trolong</i>									
Father's Name <i>William Henry Baldwin</i>				Father's Birthplace <i>Anne Arundel Co.</i>					
Mother's Maiden Name <i>Jane Maria Maden</i>				Mother's Birthplace <i>Anne Arundel Co. Md.</i>					
Name of person giving information <i>Miriam Baldwin</i>				<i>40</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary	<i>Carcinoma of Stomach</i>	How long	<i>Three months</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. B. Gantt M.D.</i>	
<i>yes</i>		Address <i>Millersville Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Maurice A. Bonia

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>			County <i>Anne Arundel Co</i>			MARYLAND		
Date of death 190	3	Month <i>February</i>	Day <i>28</i>	Age <i>38</i>	Years	Months <i>6</i>	Days <i>26</i>	
Sex <i>Male</i>			Color or Race <i>white</i>		Birth-place <i>Newfoundland</i>			
Married, Single or Widowed <i>single</i>			Occupation <i>Roman Catholic Clergyman</i>					
Name of Wife or Husband								
Father's Name <i>Maurice Bonia</i>				Father's Birthplace <i>Newfoundland</i>				
Mother's Maiden Name				Mother's Birthplace <i>CC</i>				
Name of person giving information <i>Rev. Jos. A. Tantz C.S.R.</i>				How related to deceased <i>Rector of St. Mary's Church</i>				

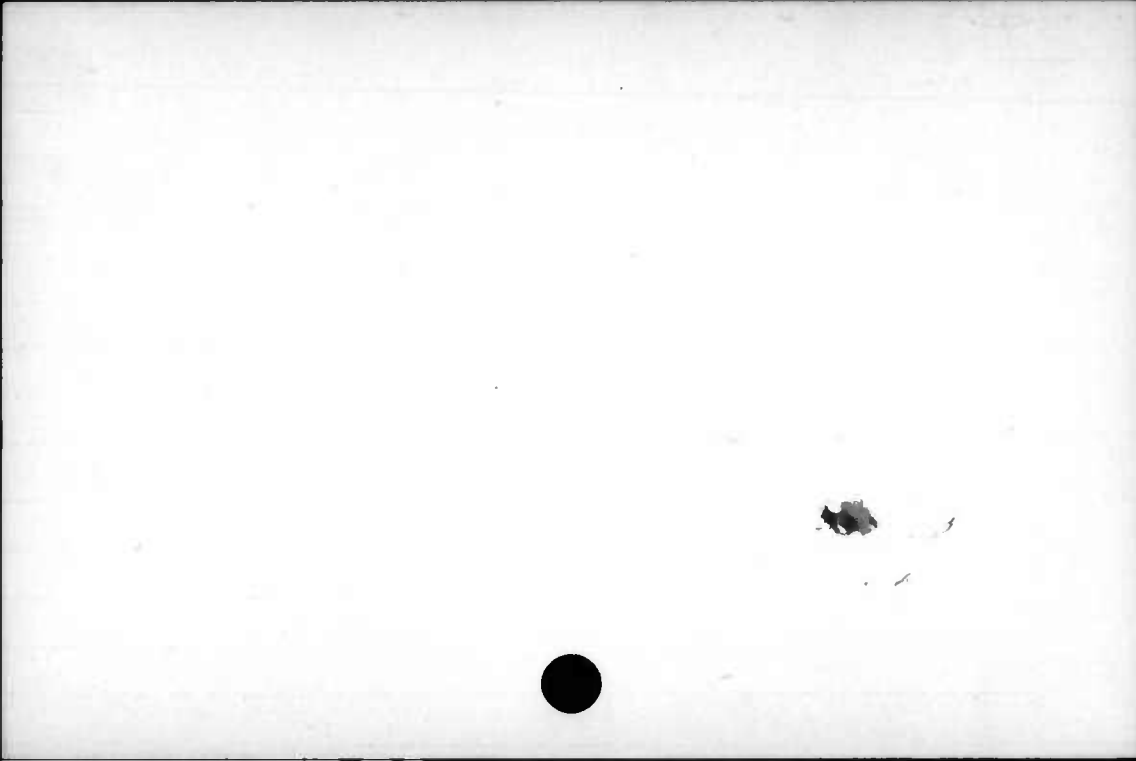
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>2 weeks</i>
Immediate <i>Mitral insufficiency</i>	<i>—</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. R. Hacton</i>	
	Address <i>Annapolis Md.</i>	
Accident or Suicide?		



Name in Full		Bowser				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		AA		County		MARYLAND	
	Date of death 1903	Feb	12 th	Age	Years		Months	Days	
	Sex	Male		Color or Race	Colored		Birth-place	Annapolis	
	Married, Single or Widowed				Occupation				
	Name of Wife or Husband								
	Father's Name	Jennin Bowser					Father's Birthplace	Annapolis	
	Mother's Maiden Name	Sarah J. Wootten					Mother's Birthplace	Annapolis	
Name of person giving information	Jennin Bowser					How related to deceased	Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Still-born					How long		
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	Susan Wright	
	Accident or Suicide?						Address	Midwife Annapolis Md.	
	LIBRARY BUREAU 433513								



Name
in
Full

George Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1900		Month	Day	Age	Years	Months	Days
2		20	2	2	1	3	
Sex		Color or Race		Birth-place			
male		Black		Harwood			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
George Brown				Harwood			
Mother's Maiden Name				Mother's Birthplace			
Rosa Mitchell				Harwood			
Name of person giving information				How related to deceased			
John Parker				none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. W. Waterkinner	
Address		West River Md	
Accident or Suicide?			
Neither			



Name
in
Full

Chas. Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bayard</u> Town		County <u>aa</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>1</u>	Age <u>70</u> Years	Months <u>2</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Unknown</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Loney O'Neal</u>			How related to deceased <u>None</u>		

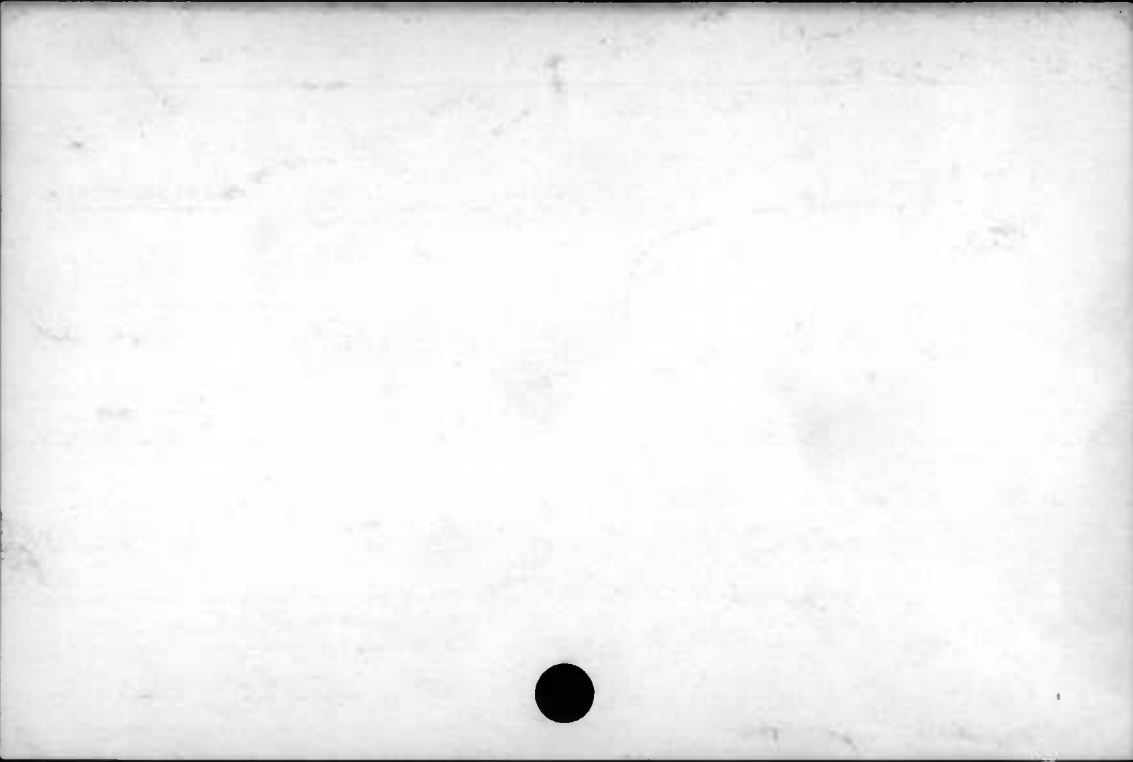
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>5 days</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Isaiah R. Ratimer M.D.</u>
	Address <u>West River</u>
Accident or Suicide? <u>—</u>	<u>and</u>



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Friendship</i> <small>Town</small>		<i>A. I.</i> <small>County</small>		MARYLAND
	Date of death 1903	Month <i>Feb</i>	Day <i>3rd</i>	Age <i>3</i> Years	Months <i>3</i> Days
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Friendship</i>	
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Stephen A. Carter</i>		Father's Birthplace <i>Friendship</i>		
	Mother's Maiden Name <i>Lucy Smothers</i>		Mother's Birthplace <i>Calvert Co</i>		
	Name of person giving information <i>Stephen A. Carter</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Double Pneumonia 93</i>		How long <i>7</i>		
	Immediate <i>Convulsion and Coma</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Braysshaw</i>		
	Accident or Suicide?		Address <i>Friendship Md</i>		



Name
in
Full

Ella E. Clark

CERTIFICATE OF DEATH

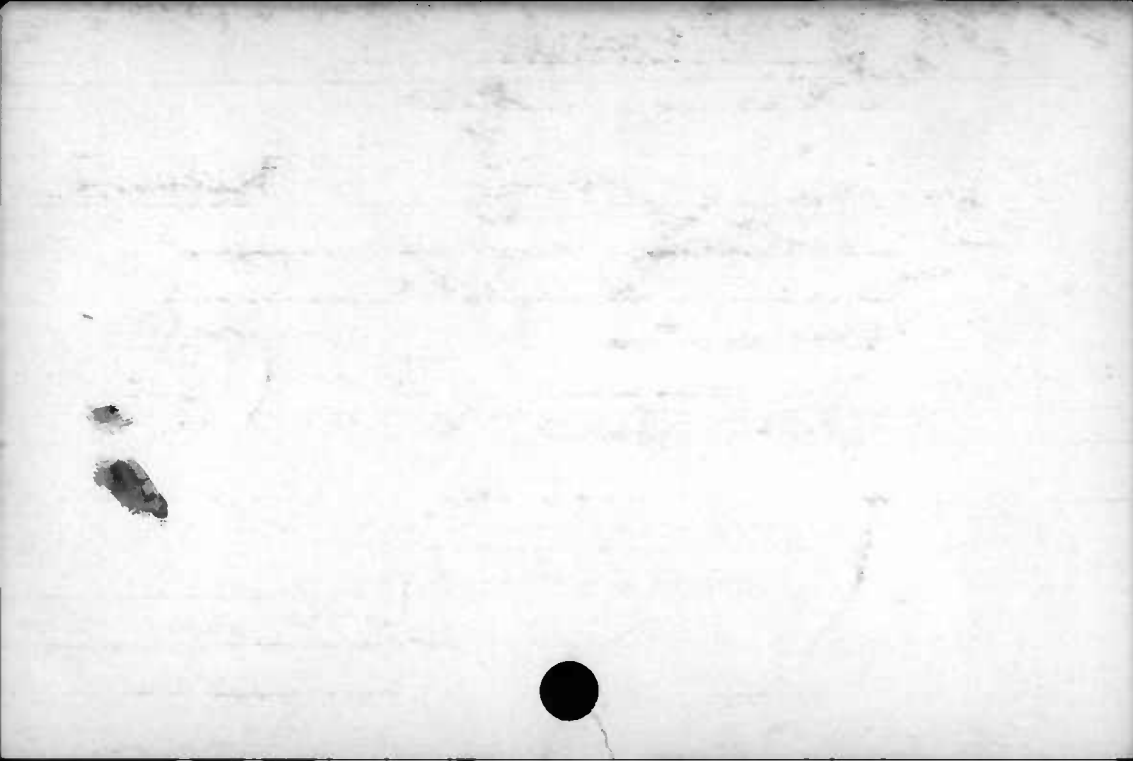
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Severn</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>2</u> ^{Month}	<u>22</u> ^{Day}	Age <u>33</u> ^{Years}	<u>—</u> ^{Months}	<u>4</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
<u>—</u> ^{and, Single} <u>—</u> ^{married}			Occupation		
Name of Wife or Husband <u>—</u>					
Father's Name <u>William H. Clark</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Harriet Griffith</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Wm H. Clark</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tubercular Peritonitis</u>	How long	<u>3 weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. A. Hammond</u>	
		Address <u>Lumpkin, Ind.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Lizzie Concannon

CERTIFICATE OF DEATH

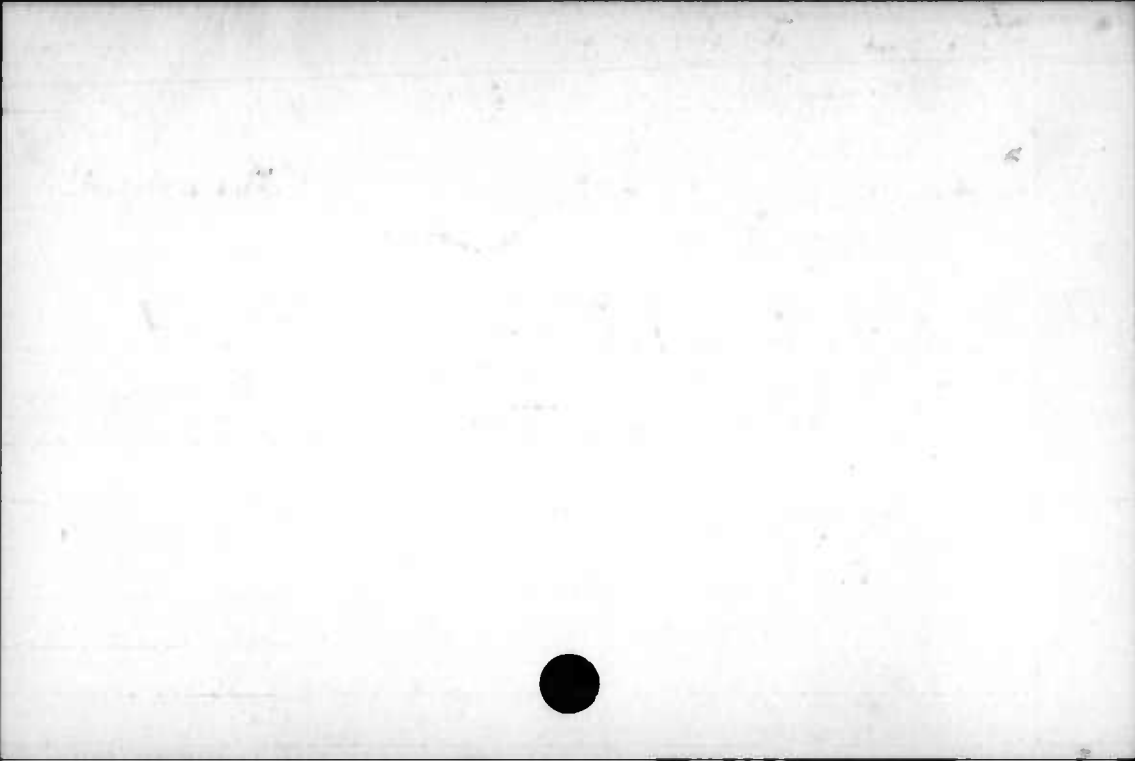
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County St		MARYLAND	
Date of death 1903	Month Feb	Day 15 th	Years 58	Months		Days	
Sex Female	Color or Race White		Birth- place Ireland				
Married, Single or Widowed Married		Occupation House-wife					
Name of Wife Husband John Concannon							
Father's Name Unknown		Father's Birthplace Ireland					
Mother's Maiden Name Unknown		Mother's Birthplace Ireland					
Name of person giving Information John Concannon		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Months
Immediate	Pneumonia 120	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.	
yes		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

Agnes Starkins

CERTIFICATE OF DEATH

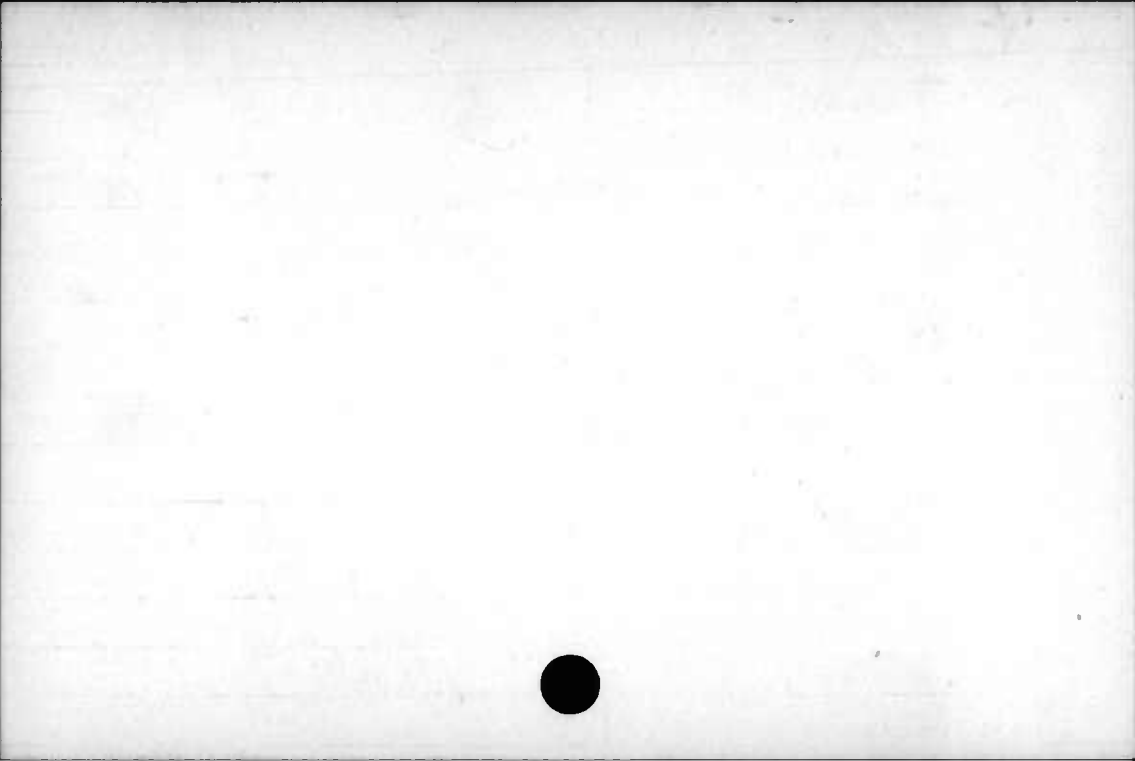
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>AA</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>1st</i>	Years	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Wm Starkins</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Agnes Benson</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Wm Starkins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Since birth</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Adams</i>
Accident or Suicide? _____	Address <i>Undertaker</i>
	<i>Annapolis</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles H. Tiggs*

Town *Annapolis* County *AA*

Died at *Annapolis*

Date of death 190 *3* Month *Feb* Day *25th* Age *29* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *AA county*

Married, ~~Single~~ or Widowed Occupation *Laborer*

Name of Wife *Millie Colbert* Husband

Father's Name *Benjamin Tiggs* Father's Birthplace *AA Co.*

Mother's Maiden Name *Fannie Tiggs* Mother's Birthplace *AA Co.*

Name of person giving information *Benj. Tiggs* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Months*

Immediate *Exhaustion* 27 How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Ridout, M.D.* Address *Health Officer Annapolis Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pataxent</i>		Town <i>Pataxent</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	3	Month	2	Day	6	Age	64
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pataxent</i>		Months	3
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Years		Days	8
Name of Wife - <i>Mary A Downs</i>				Husband <i>John L Downs</i>			
Father's Name <i>John Downs</i>				Father's Birthplace <i>Maryland Co Md</i>			
Mother's Maiden Name <i>Margot Carrick</i>				Mother's Birthplace <i>P. E. Wood</i>			
Name of person giving information <i>Mary A Downs</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebritis</i>	How long <i>65</i>	<i>4 weeks</i>
Immediate <i>Softening of brain</i>	How long <i>two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Dobson M.D.</i>	Address <i>Garrbills M.D.</i>
Accident or Suicide?		



Name
in
Full

John Wm Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harwood</u> Town			County <u>aa</u>			MARYLAND		
Date of death 190 <u>3</u>		Month <u>2</u>	Day <u>13</u>	Age <u>1</u>	Years	Months <u>2</u>	Days <u>3</u>	
Sex <u>Male</u>			Color or Race <u>Black</u>			Birth-place <u>Harwood</u>		
Married, Single or Widowed <u>Single</u>				Occupation <u>nothing</u>				
Name of Wife or Husband								
Father's Name <u>John Wm Ellis</u>						Father's Birthplace <u>Harwood Md</u>		
Mother's Maiden Name <u>Penie Brown</u>						Mother's Birthplace <u>Harwood Md</u>		
Name of person giving information <u>Penie Ellis</u>						How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia 92</u>		How long	<u>3 weeks</u>
Immediate	<u>—</u>		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<u>Yes</u>		<u>Samuel Palmer Md</u>	<u>West River Md</u>	
Accident or Suicide?				



Name in Full		Jordan Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 190		3	Month	Feb	Day	20 th
				Age	65	Years	
	Sex		Male	Color or Race	colored	Birth-place	N.b.
	Married, Single or Widowed		Married	Occupation		Laborer	
	Name of Wife or Husband		Georgeanna Sykes				
	Father's Name		Unknown			Father's Birthplace N.b.	
Mother's Maiden Name		Unknown			Mother's Birthplace N.b.		
Name of person giving information		J. A. Adams Undertaker				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Indigestion			How long	
	Immediate		Heart Failure			104	
	Are the name, age, sex, color, date and place correctly given above?		Yes				
	Signature of Physician		Investigated by Health Officer				
Address		[Redacted]					
Accident or Suicide?							



Name in Full

Certificate of Death

Alphus A Hays

Town

County

Died at

Brown a a co

MARYLAND

Date 1903 Feb 18 Age 1.5.10 Maryland

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Benny H Hays

Mother's

Name

Elizabeth Hays

Cause of

Primary

Myocardial

How long sick

7 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. B. Brown, M.D.

Address

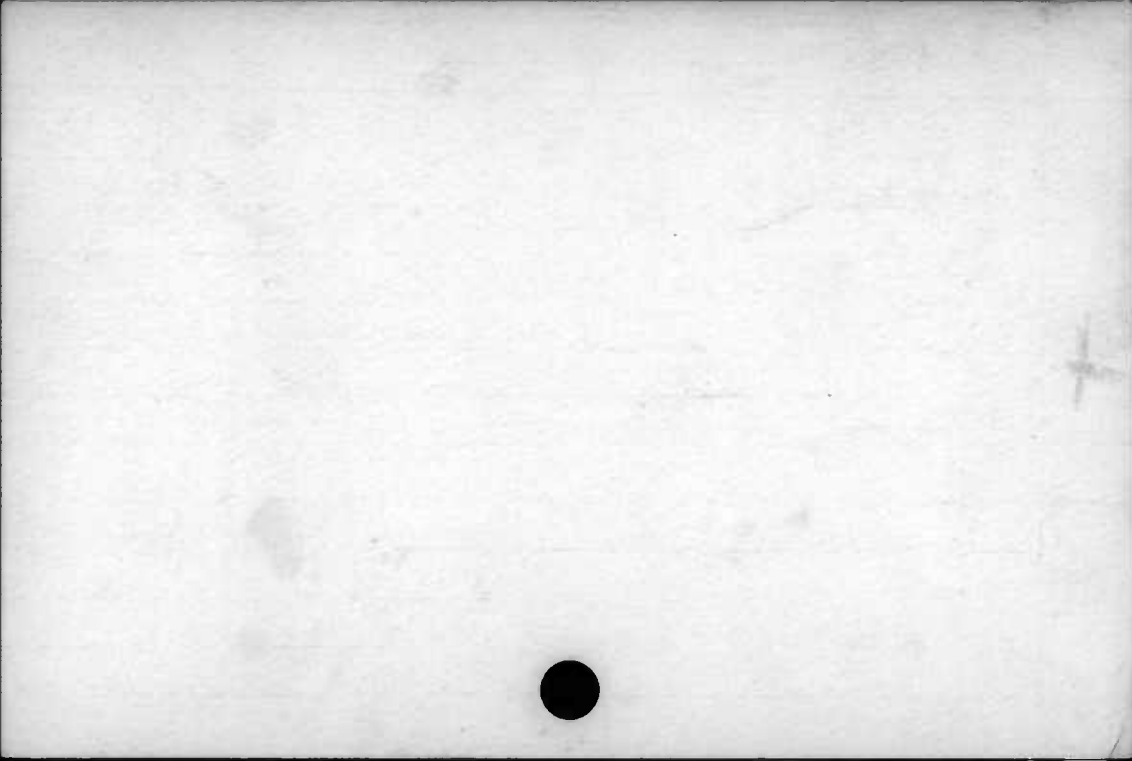
Brownsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		Town				County				STATE			
Elizabeth Howard		Annapolis				Anne Arundel				MARYLAND			
Died at		Date of death 1903		Month Feb		Day 25		Years Age 66		Months —		Days —	
Sex		Female		Color or Race		White		Birth- place		Baltimore			
Married, Single or Widowed		Single		Occupation		Washwoman							
Name of Wife or Husband		Widow											
Father's Name		Wm Boston						Father's Birthplace		Md			
Mother's Maiden Name		Anne Huff						Mother's Birthplace		Md			
Name of person giving In formation		Ellen Boston						How related to deceased		Daughter			
CAUSES OF DEATH													
Primary		I do not know						How long		I do not know			
Immediate		Probably Cerebral Hemorrhage						How long		Sudden			
Are the name, age, sex, color, date and place correctly given above?		Yes; as far as I know						Signature of Physician		F. B. Thompson M.D.			
								Address		193 Church St. Annapolis, Md.			



Name
in
Full

Clamor Margaret Johnson

CERTIFICATE OF DEATH

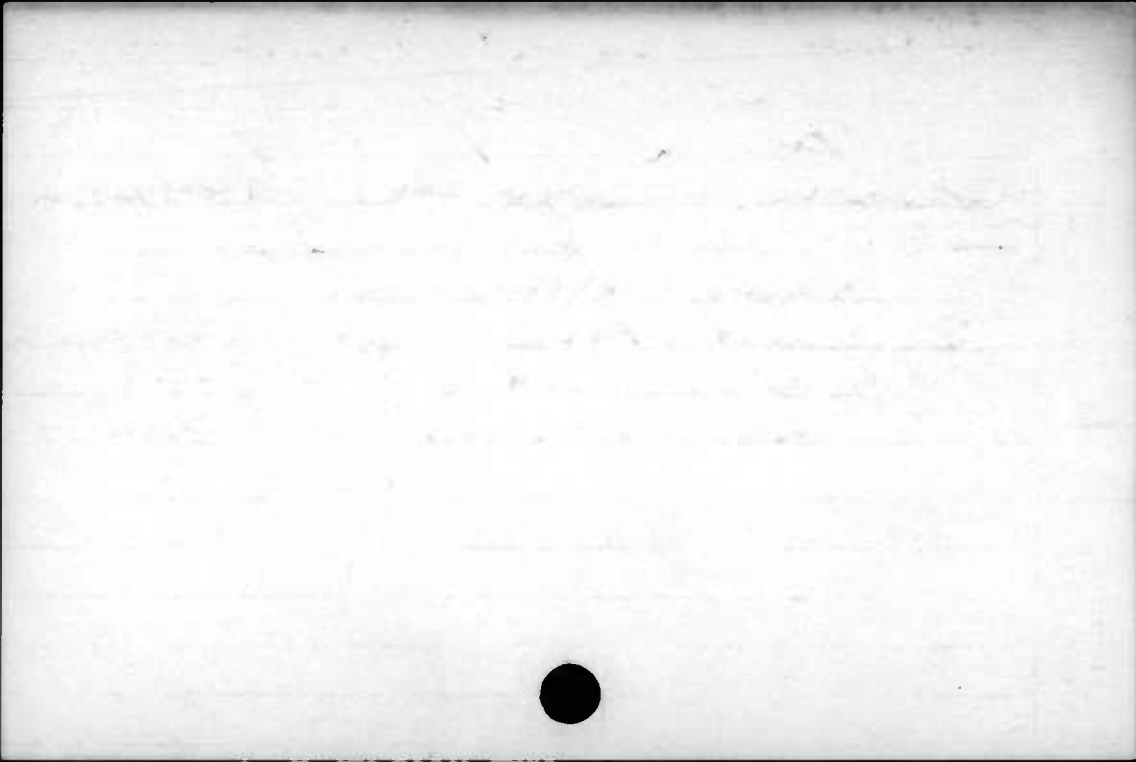
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Annapolis		County		MARYLAND	
Date of death 1908	Month	Day	Age	Years	Months	Days	
	Feb.	2	1		7		
Sex	Female	Color or Race	Colored	Birth-place	Annapolis		
Married, Single or Widowed			Occupation				
Name of Wife or Husband			Hester Johnson				
Father's Name			Moses Johnson		Father's Birthplace		
Mother's Maiden Name			Hester Edwards		Mother's Birthplace		
Name of person giving information			Mrs. Andrews		How related to deceased		
					Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Basilar Meningitis	How long	1 week
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm. S. Welch	
Address		Annapolis	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full Harriet Johnson

Town

County

Died at

AnnapolisAt

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3Feb25th

Age

48

Sex

FemaleColor or
RacecoloredBirth-
placeAt countyMarried, Single
or Widowed

Occupation

LaundressName of Wife or
HusbandHorace JohnsonFather's
NameUnknown DayFather's
BirthplaceAt countyMother's
Maiden NameUnknownMother's
BirthplaceAt countyName of person giving
informationJulia JohnsonHow related
to deceasedDaughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease

How long

Three months

Immediate

of the Heart
Angina pectoris

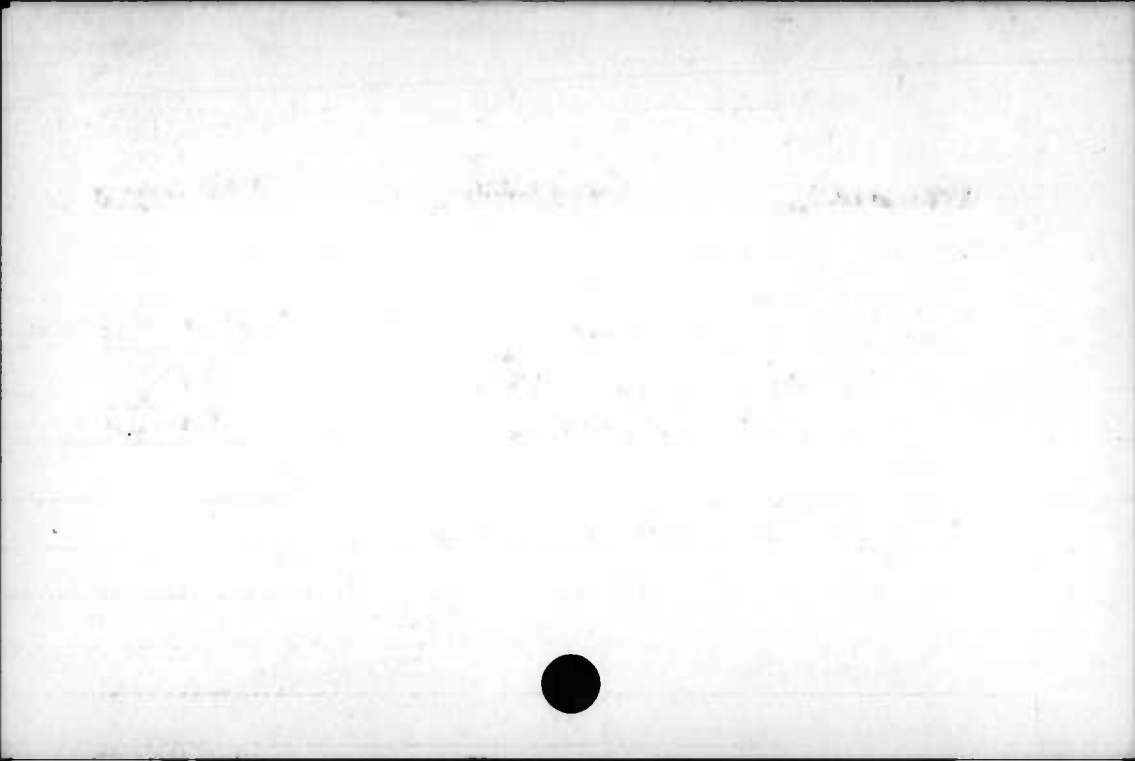
How long

Ten hoursAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianJohn Ridout, M.D.

Address

Annapolis
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Olivia Jones

Town

Cathie Creek

County

Anne Arundel

MARYLAND

Died at

Date

of death 190 3

Month

2

Day

17

Years

Age 80

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Name of Wife or
Husband

Louisa Jones

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Louisa Jones

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Jaundice

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

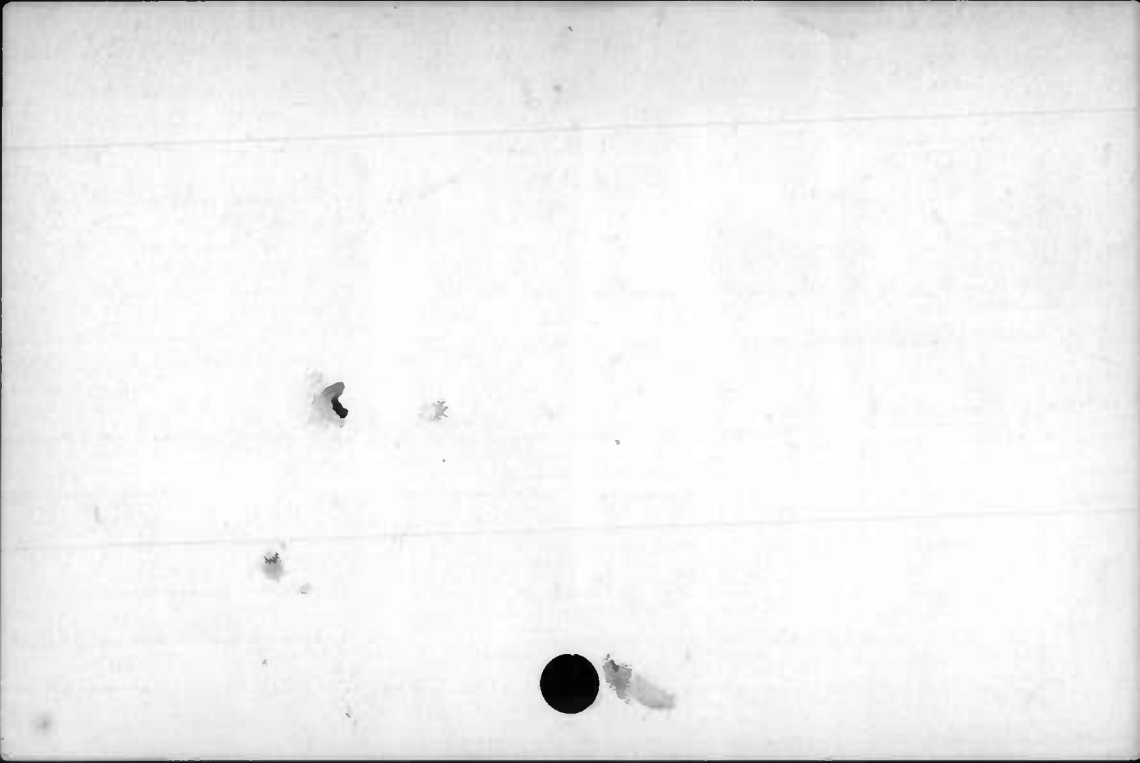
yes

Signature of
Physician

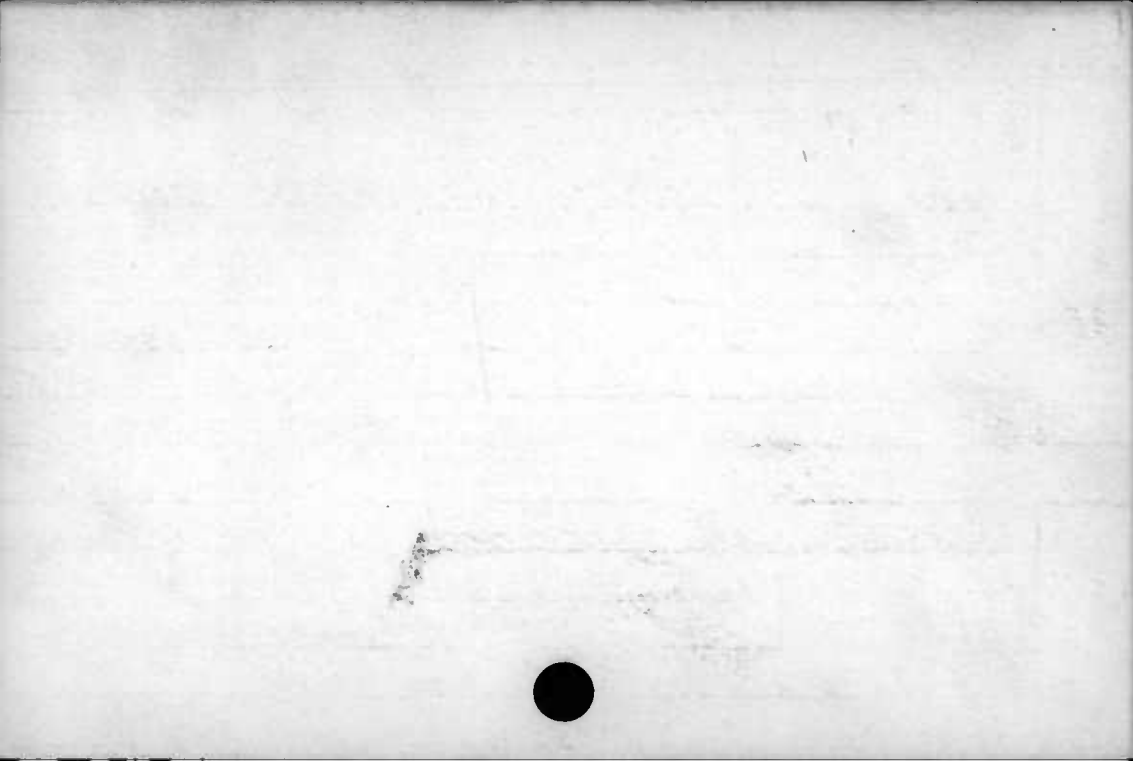
Address

Wm. L. Hawkins, Conn.
Brooklyn
Md.

Accident or Suicide?



Name in Full George Kocan		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at So. Baltimore		County AA.		MARYLAND
	Date of death 19 3	Month Feb	Day 8	Age —	Months 13
	Sex male		Color or Race White	Birth-place So. Balto -	
	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married		Occupation —		
	Name of Wife or Husband				
	Father's Name Mike Kocan		Father's Birthplace Europe		
	Mother's Maiden Name Lizzie Nasko		Mother's Birthplace Europe		
Name of person giving information Lizzie Kocan		How related to deceased Mother			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Whooping Cough		How long 8		
	Immediate Pneumonia		How long		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. Burton M.D.		
			Address So. Baltimore, Md.		
Accident or Suicide?					



Name
in
Full

Mrs Edna Leachbury

CERTIFICATE OF DEATH

MD
MARYLAND

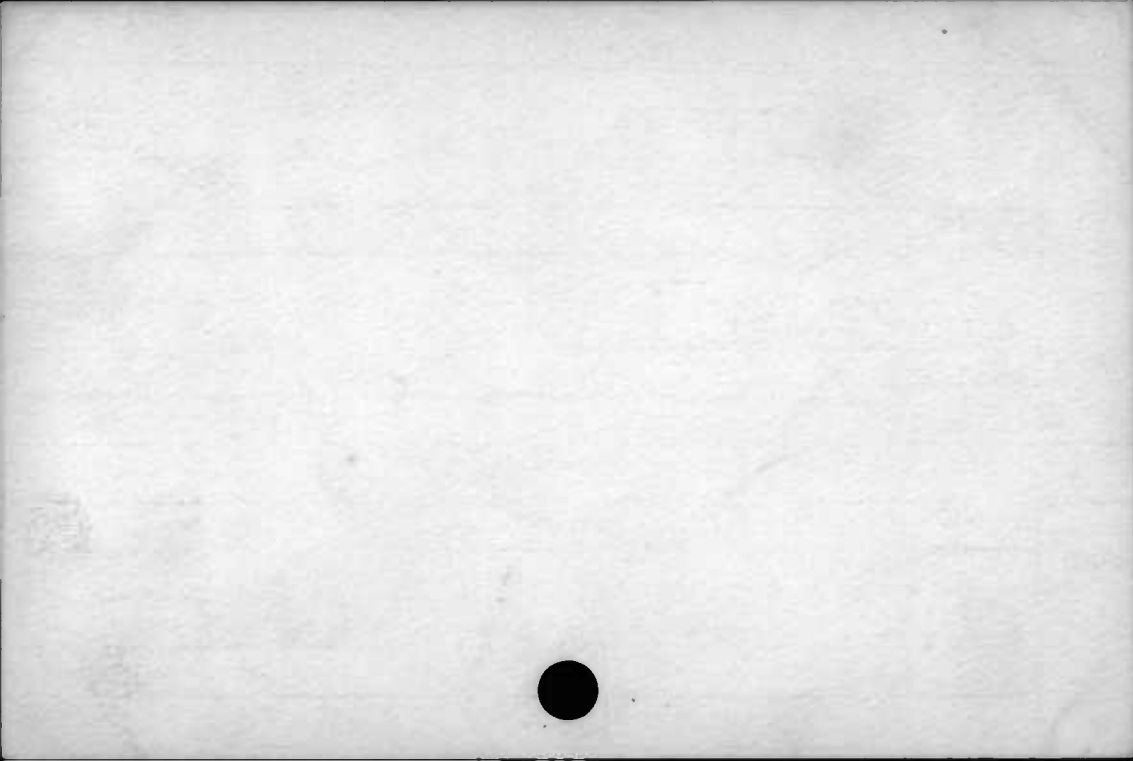
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>A. A.</i> County			
Date of death 1903	<i>8</i> Month	<i>8</i> Day	<i>21</i> Years	<i>4</i> Months	<i>30</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>James T. Leachbury</i>					
Father's Name <i>Elgin C. Leachbury</i>		Father's Birthplace <i>Traceys L.</i>			
Mother's Maiden Name <i>Mary A. Crosby</i>		Mother's Birthplace <i>Belmont Co</i>			
Name of person giving information <i>Husband</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ernest S. Hephurn</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name in Full		Nat Levi				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Farmville</i>		County <i>aa</i>		MARYLAND			
		Date of death 190 <i>3</i>		Month <i>2</i>		Day <i>2</i>		Years <i>45</i>			
		Sex <i>Male</i>		Color or Race <i>col</i>		Birth-place <i>Fla</i>		Months <i>—</i>			
		Married, Single or Widowed <i>Married</i>		Occupation <i>Lab.</i>		Days <i>—</i>					
		Name of Wife or Husband <i>Nancy Levi</i>									
		Father's Name <i>Don't know</i>						Father's Birthplace			
		Mother's Maiden Name						Mother's Birthplace			
		Name of person giving information <i>Nancy Levi</i>						How related to deceased <i>Wife</i>			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>acute Brights</i>				How long <i>2 mo</i>					
		Immediate <i>Heart Failure</i>				How long <i>179</i>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Charles B. Brooke</i>					
						Address					
		Accident or Suicide?									



Name
in
Full

Grace Loman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nutwell</u> , <u>Town</u>		<u>Anne Arundel</u> , <u>County</u>		MARYLAND	
Date of death 190 <u>1</u> <u>Feb.</u>	Month <u>Feb.</u>	Day <u>14</u>	Years <u>0</u>	Months <u>4</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Annapolis, Md.</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>_____</u>		
Name of Wife or Husband <u>_____</u>					
Father's Name <u>Thomas King</u>			Father's Birthplace <u>_____</u>		
Mother's Maiden Name <u>Georgiana Loman</u>			Mother's Birthplace <u>_____</u>		
Name of person giving Information <u>Georgiana Loman</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>convulsions</u>	How long <u>1 day</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>(Stranger)</u>	Signature of Physician <u>A. H. Perrie</u> Address <u>McKendree, Md.</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

Birdie May Lomman

CERTIFICATE OF DEATH

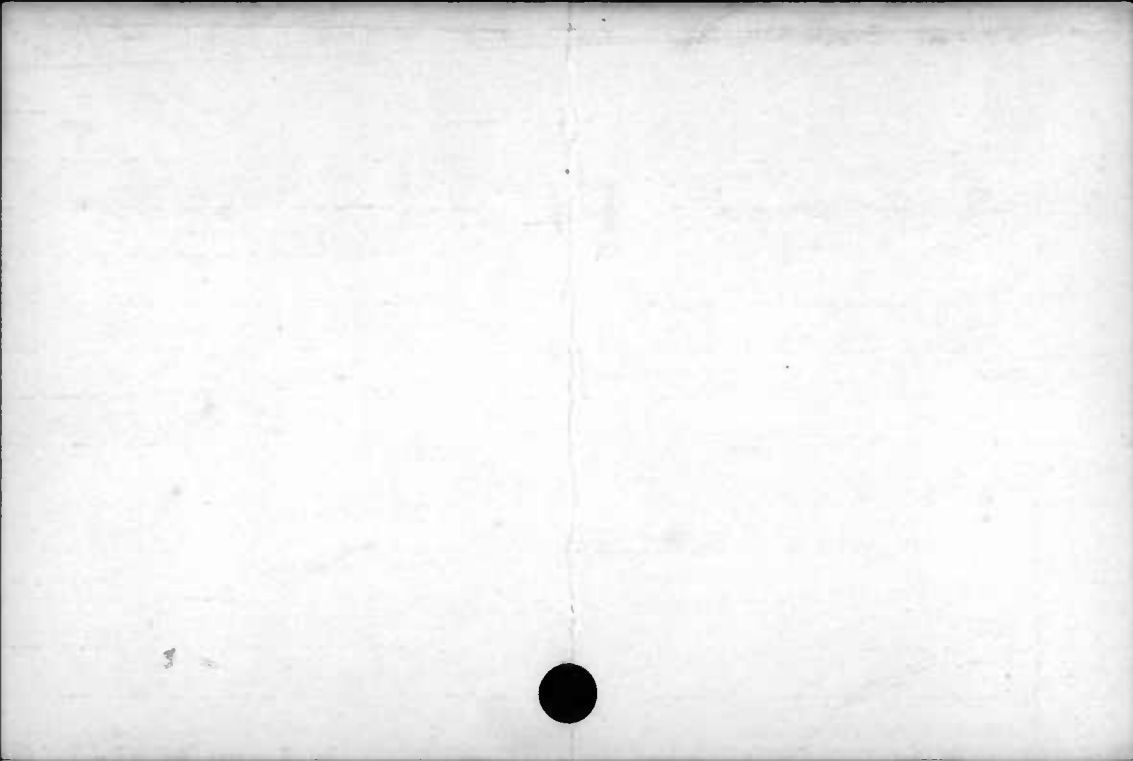
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blue Runn</i> ^{Town}		<i>A.A.</i> ^{County}		MARYLAND	
Date of death 1903	<i>February</i> ^{Month}	<i>3</i> ^{Day}	Age <i>9</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A.A.Co</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Wesley Lomman</i>			Father's Birthplace <i>A.A.Co</i>		
Mother's Maiden Name <i>Ann Rebecca Turner</i>			Mother's Birthplace <i>A.A.Co</i>		
Name of person giving information <i>Mortimer Lomman</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Abscess</i>	How long <i>One month</i>
Immediate <i>Heart failure</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. H. Bragdon</i>
	Address <i>Blue Runn</i>
Accident or Suicide?	



Name
in
Full

Dr James E Moque

CERTIFICATE OF DEATH

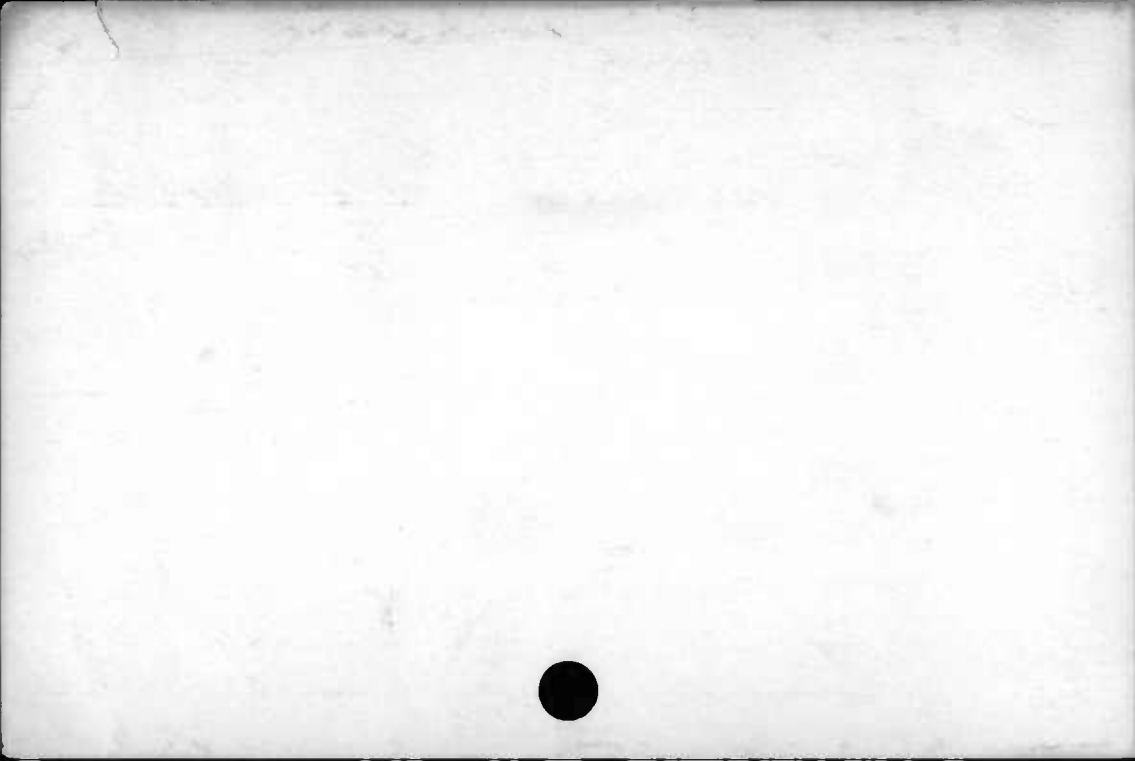
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gambrells</i>		Town <i>Gambrells</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>12</i>	Age <i>70</i>	Years	Months	Days <i>28</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Physician</i>				
Name of Wife or Husband <i>Catharine A Moque</i>							
Father's Name <i>Henry Moque</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Catharine A Moque</i>			How related to deceased <i>Wife</i>				

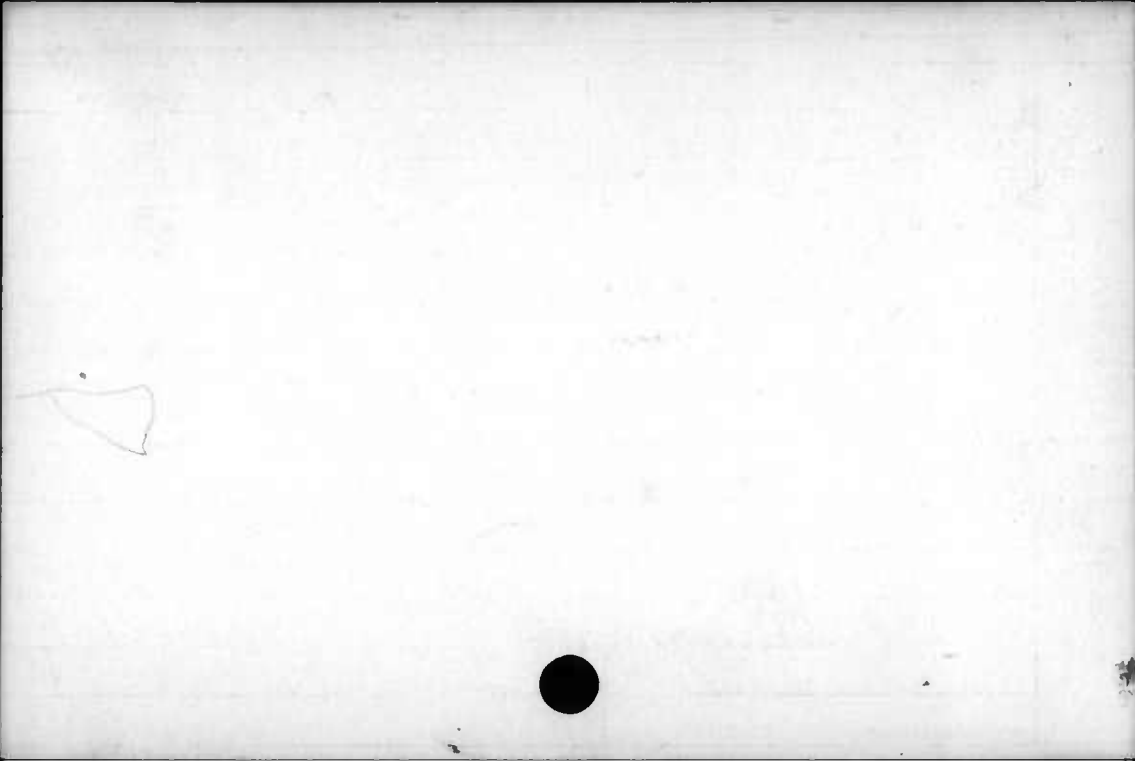
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>10</i>
Immediate <i>Ulceration of the Stomach</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W DuBois MD</i>
	Address <i>Gambrells MD</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>A.A.C. Annapolis</i>		Town <i>A.A.C.</i> County		MARYLAND
	Date of death 1903	Month <i>Feb.</i>	Day <i>19th</i>	Years <i>65</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Clark Co. Va.</i>	
	Married, Single or Widowed <i>Married</i>		Occupation <i>—</i>		
	Name of Wife or Husband <i>Chas. Moore</i>			—	
	Father's Name <i>—</i>			Father's Birthplace <i>—</i>	
	Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>	
	Name of person giving information <i>Max Burke</i>			How related to deceased <i>—</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Influenza</i>		How long <i>10</i>		<i>Week</i>
	Immediate <i>Bronchopneumonia</i>		How long <i>10</i>		<i>Week</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. R. R. R.</i>		
	Address <i>Annapolis, Md.</i>		—		
Accident or Suicide? <i>—</i>					



Name in Full

Certificate of Death

Katter J. Murray

Town

County

Died at

Armidgers Anne Arundel

MARYLAND

Date 1903

Month Day

Feb 12

Age

Y. M. D.

1

Native of

Occupation

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Chas. Murray

Kate Watts

Cause of

Primary

Death

Immediate

Croup

9a

How long sick

2 days

Accident, Suicide, Homicide

Reported by

Geo H. Craue

Address

Armidgers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

CERTIFICATE OF DEATH

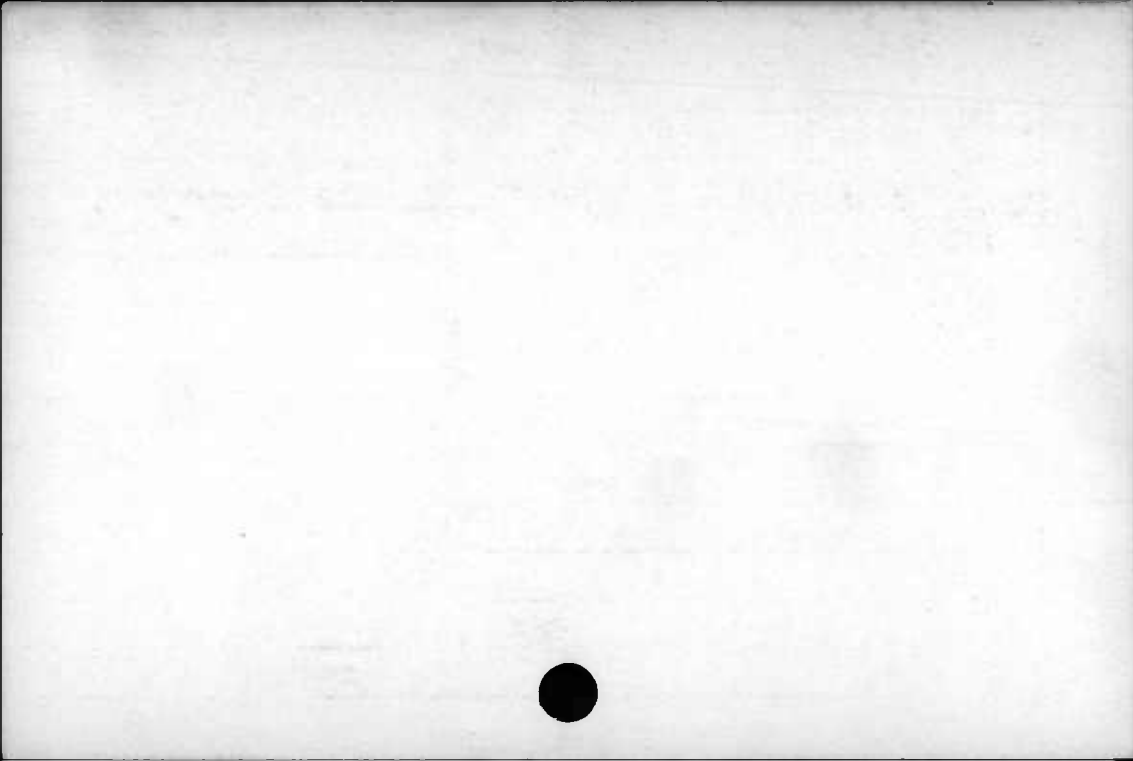
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Nocar Sr		Town Sr. Baltimore		County a.a.		MARYLAND	
Died at Sr. Baltimore		Date of death 190 3		Month Feb		Day 20	
Age 47		Years 47		Months —		Days —	
Sex Male		Color or Race White		Birth-place Bohemia			
Married, —		Occupation Laborer					
Name of Wife or Husband Genia Nocar							
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving information Sophia Nocar				How related to deceased Daughter			

CAUSES OF DEATH

Primary Cause Cardiac Dropsy		How long 5 months	
Immediate Cause Heart Failure		How long Immediate	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. B. Fortwood M.D.	
Address Sr. Balt. Md.		Address Sr. Balt. Md.	
Agent or Sulcide? —			

PHYSICIAN
OR CORONER



Name
in
Full

Charles E Nokes

CERTIFICATE OF DEATH

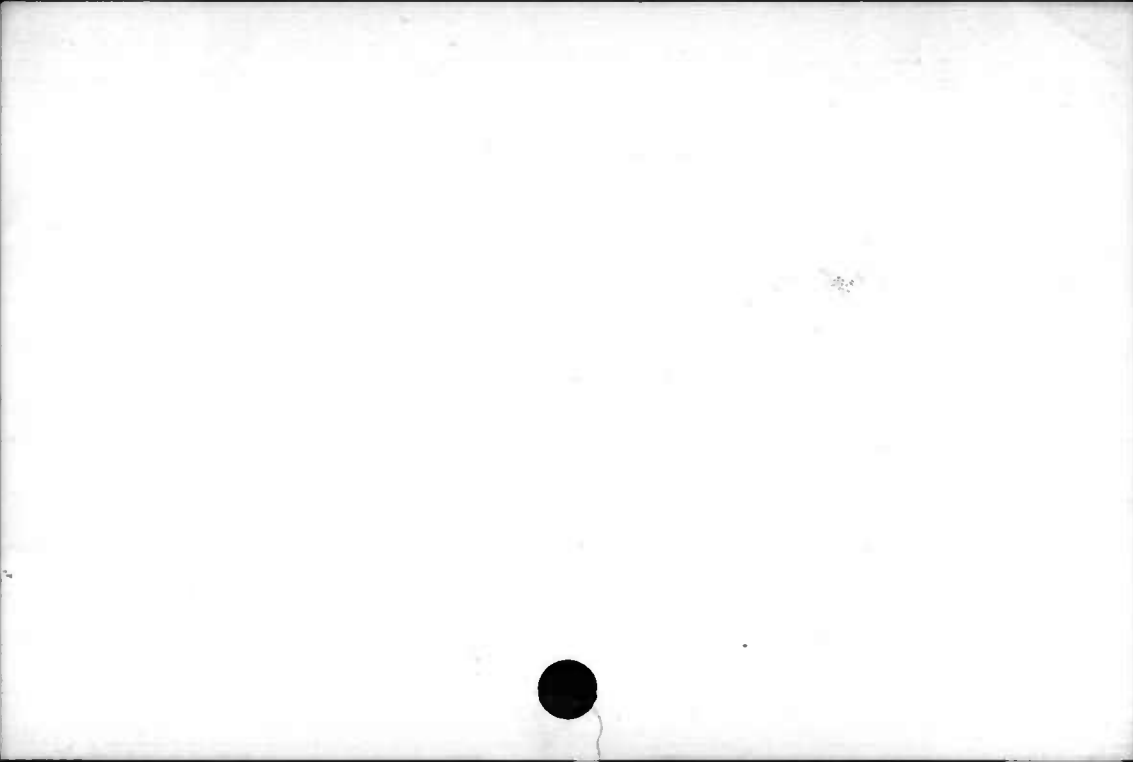
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Severn</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	Month <i>03</i>	Day <i>2</i>	Age <i>27</i>	Years <i>—</i>	Months <i>Six</i>	Days <i>five</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>MD</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Charles Nokes</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Nancy Nokes</i>				Mother's Birthplace <i>MD</i>			
Name of person giving In formation <i>Charles Nokes</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>six days</i>
Immediate <i>93</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>RA Hammond</i>
	Address <i>Jessup Md</i>
Accident or Suicide?	



Name
in
Full

Landislaus Ogurski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Curtis Bay

County a a

Date of death 190 3 Month 2 Day 12

Age Years Months 5 Days

Sex Male Color or Race White Birth-place Curtis Bay

Married, Single or Widowed Single Occupation

Name of Wife or Husband

Father's Name Andy Ogurski Father's Birthplace Rus

Mother's Maiden Name Mother's Birthplace

Name of person giving information Andy Ogurski How related to deceased Father

CAUSES OF DEATH

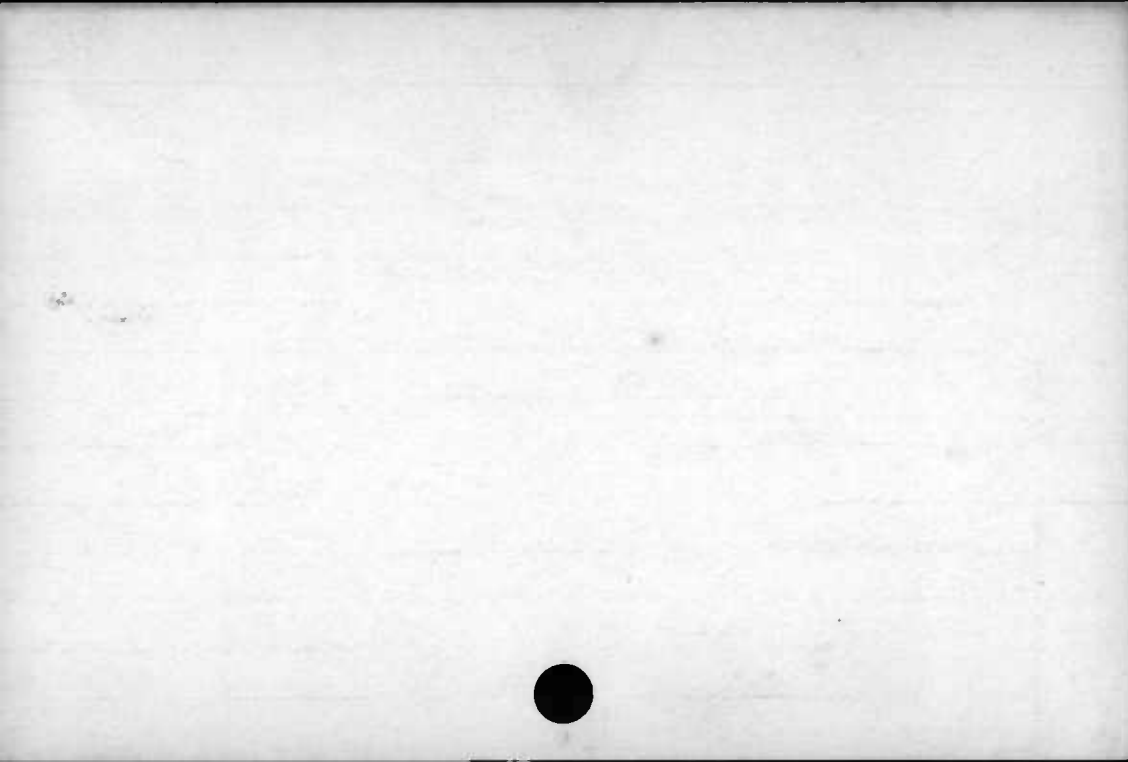
Primary Measles How long 6

Immediate Congestion Lung How long 1 wk

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. D. Brooke

Address

Accident or Suicide?



Name
in
Full

John Parker

CERTIFICATE OF DEATH

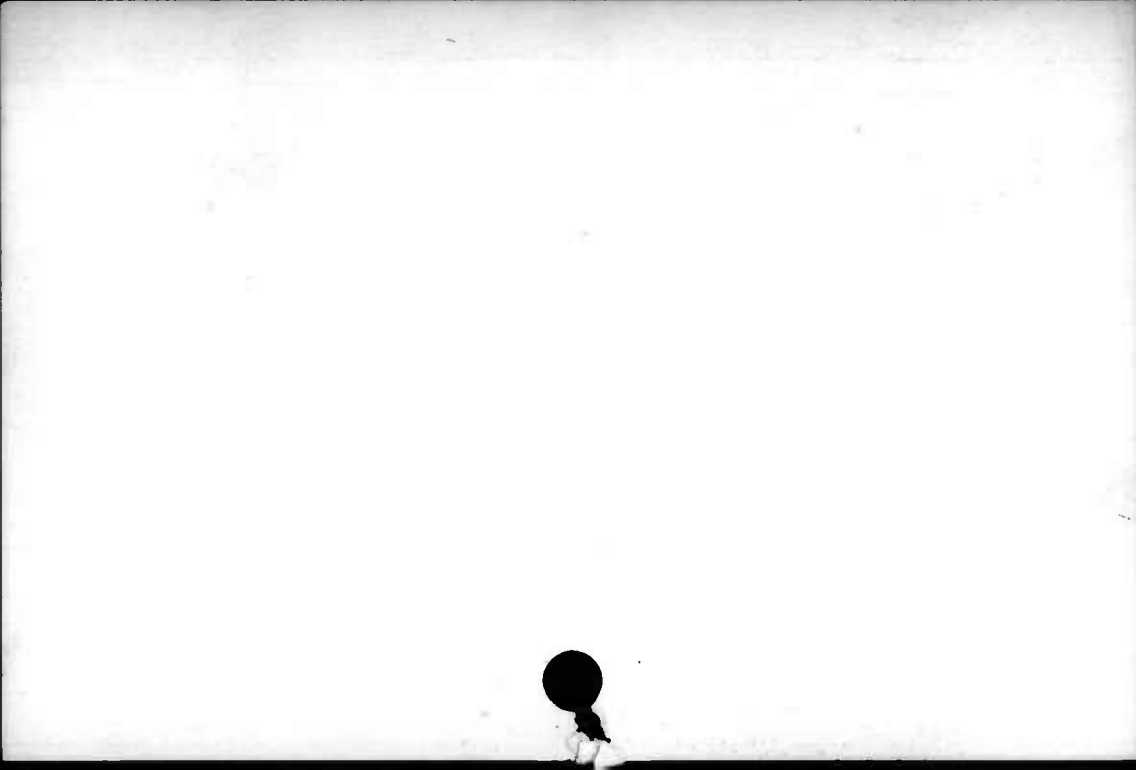
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harwood</u> Town		County <u>aa</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>7</u>	Age <u>1</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Harwood Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Nothing</u>		
Name of Wife or Husband					
Father's Name <u>John Wesley Parker</u>			Father's Birthplace <u>Harwood Md</u>		
Mother's Maiden Name <u>Adie Mitchell</u>			Mother's Birthplace <u>Harwood Md</u>		
Name of person giving information <u>Adie Parker</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broncho-Pneumonia</u>	How long <u>3 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. W. Ratimer</u>
	Address <u>West River Md</u>
Accident or Suicide?	



Name
in
Full

Washington Parker

CERTIFICATE OF DEATH

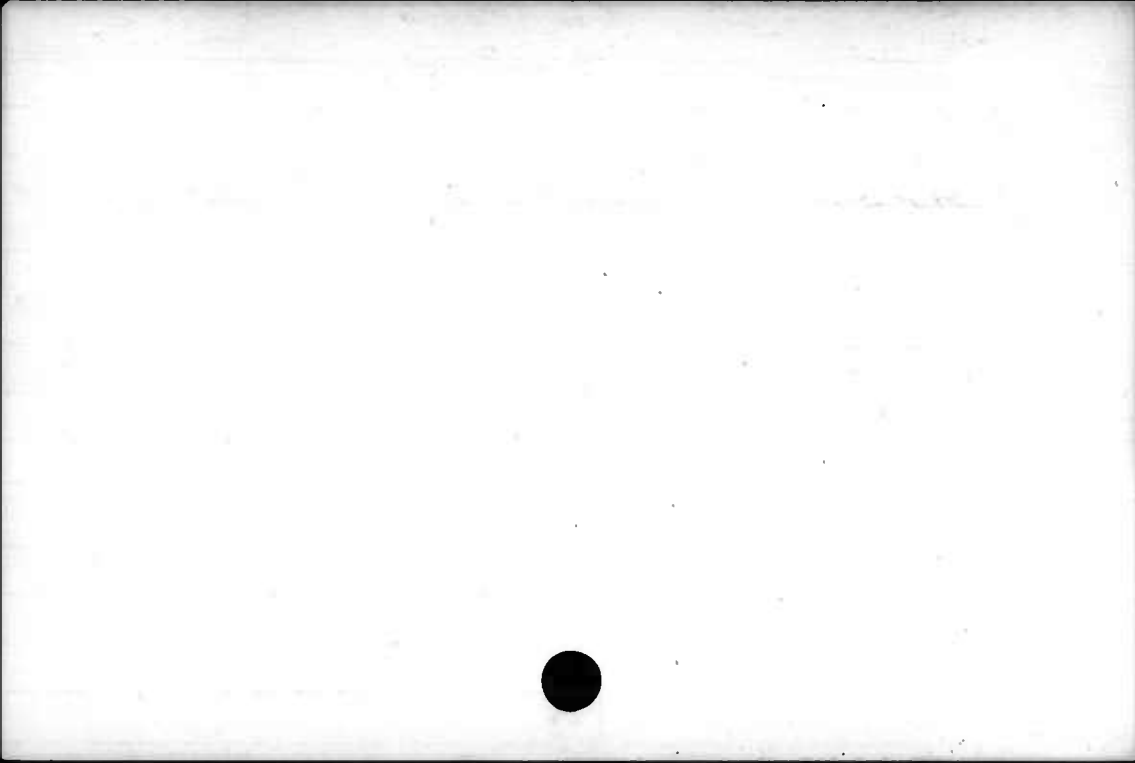
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West River</u> ^{Town}		County <u>aa</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>10</u>	Age <u>80</u>	Years <u>2</u>	Months <u>0</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth- place <u>West River Md</u>		
Married, Single or Widowed <u>Widower</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Unknown</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u> </u>		
Name of person giving In formation <u>Wm H Talbot</u>			How related to deceased <u>uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old Age</u>	How long	<u>154</u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Samuel W. Latimer M.D.</u>	
		Address <u>West River</u>	
		<u>Md</u>	
Accident or Suicide?			



Name in Full		Queen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> <small>Town</small>		County		MARYLAND		
		Date of death 190 <u>3</u>	<u>Feb</u> <small>Month</small>	<u>16</u> <small>Day</small>	<u>7</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>Annapolis</u>		
		Married, Single or Widowed			Occupation			
		Name of Wife or Husband						
		Father's Name <u>Wm Queen</u>			Father's Birthplace <u>Annapolis</u>			
		Mother's Maiden Name <u>Susie Stewart</u>			Mother's Birthplace <u>Annapolis</u>			
Name of person giving information		<u>Wm Queen</u>		How related to deceased		<u>Father</u>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		<u>Still - born</u>		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
		<u>yes</u>			Address			
		Accident or Suicide?			<u>Annapolis Md.</u>			



Name in Full

Certificate of Death

Eliza Ann Roberts

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Feb 22

Age 90

Md

none

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living 2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Dont know

Dont know

Cause of

Primary

old age

How long sick

1 month

Death

Immediate

old age

154

Accident, Suicide, Homicide

Reported by

Geo. H. Leman md

Address

Arming

a a. co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73998



Name in Full

Certificate of Death

William Edward Sears.

Town

County

Died at

Annapolis Anne Arundelle, MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 20 Age 2 3 3 Maryland Child

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

W. H. Sears

Mother's

Name

Rosa J. Sears

Cause of

Primary

Acute Indigestion

How long sick

10 6 days

Death

Immediate

Congestion of Brain

Accident, Suicide, Homicide

Reported by

F. H. Thompson M.D.

Address

193 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65988

This is to go in the
Country so please send
me the Burial permit
to accompany same

J. R. Adams
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town <u>Ad</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>3</u>	Years <u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Sudley Md</u>	Months <u>3</u> Days <u>—</u>
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Wm Suigert</u>			
Father's Name <u>Edward Natwell</u>		Father's Birthplace <u>Sudley Md</u>	
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>—</u>	
Name of person giving information <u>Suigert Natwell</u>		How related to deceased <u>none</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Robert Pneumonia & 3</u>	How long <u>7 days</u>
Immediate <u>Respiratory failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Suigert Natwell Md</u>
	Address <u>West River Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

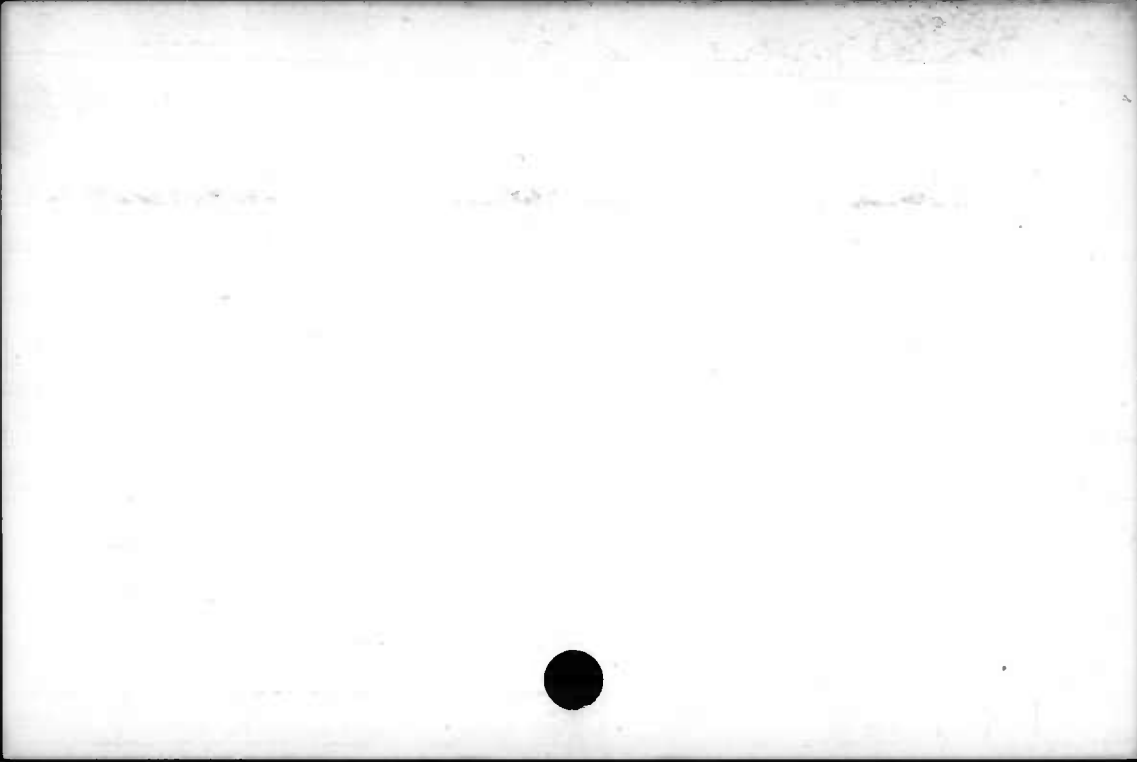
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joe Smith</i>		Town <i>Esallaway</i>		County <i>aa</i>		MARYLAND	
Died at <i>Esallaway</i>		Month <i>2</i>		Day <i>1</i>		Years <i>1</i>	
Date of death 190 <i>3</i>		Month <i>2</i>		Day <i>1</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Gallaway Md</i>		Days <i>0</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Nothing</i>					
Name of Wife or Husband <i></i>							
Father's Name <i>Joe Smith</i>				Father's Birthplace <i>Gallaway Md</i>			
Mother's Maiden Name <i>Anne Nutwell</i>				Mother's Birthplace <i>Sealey Md</i>			
Name of person giving information <i>Edw Ratimer</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>		How long <i>4 days</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo W. Ratimer Md</i>	
Address <i>West River Md</i>			
Accident or Suicide? <i>Neither</i>			



Name
in
Full

Arthur W Snowden

CERTIFICATE OF DEATH

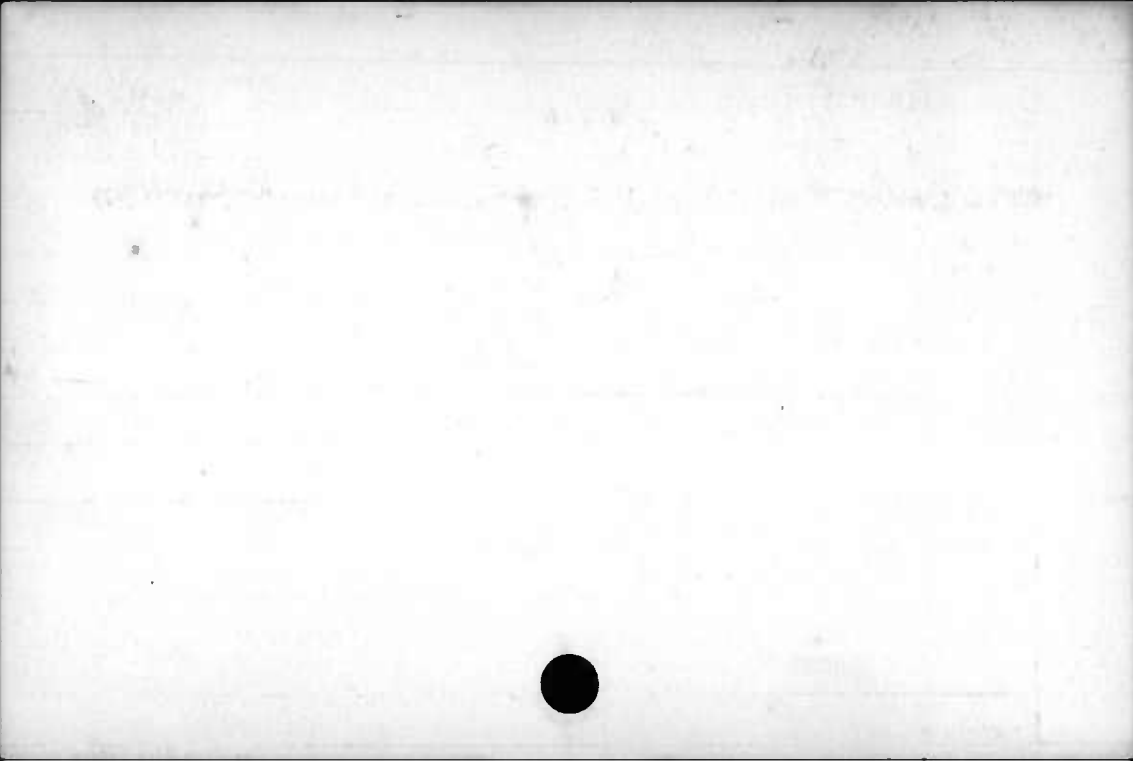
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>St</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>4th</i>	Years	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Charles Snowden</i>			Father's Birthplace <i>St county</i>		
Mother's Name <i>Jennie Snowden</i>			Mother's Birthplace <i>St county</i>		
Name of person giving information <i>Charles Snowden</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>93</i>	<i>Six days</i>
Immediate	<i>Asthenia</i>	How long		<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Campbell</i> <i>St</i>		
<i>yes</i>		Address <i>Annapolis</i> <i>Md</i>		
Accident or Suicide?				



Name
in
Full

May Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

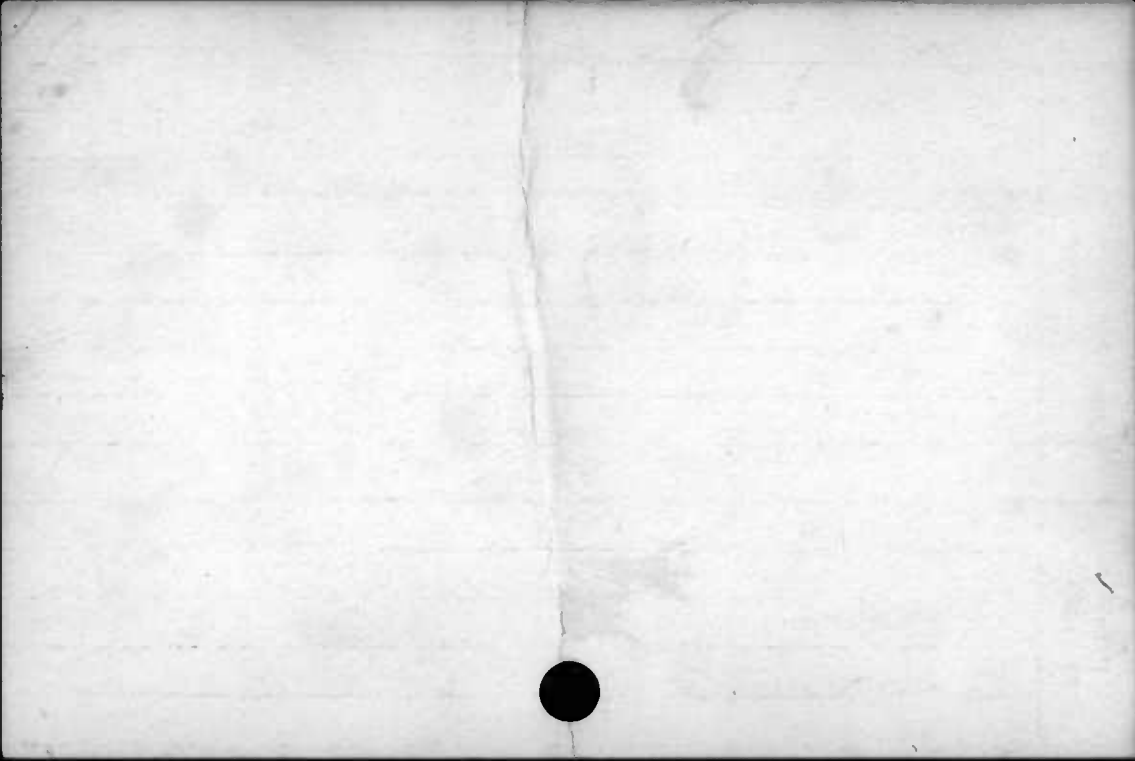
MARYLAND

Died at		Marley		Town		aa		County	
Date of death 1903	Month Feb	Day 22	Age 30		Years		Months		Days
Sex female		Color or Race		African		Birth- place		aa Co -	
Married, Single or Widowed		married		Occupation		Housewife			
Name of Wife or Husband		Thomas Spencer							
Father's Name		Bessie				Father's Birthplace		aa Co	
Mother's Maiden Name		Don't know				Mother's Birthplace			
Name of person giving Information		William Spencer				How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	8 months
Immediate	Acute degeneration	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		T. H. Brayshaw	
Address		Lake Bluff	
Accident or Suicide?		May 1903	



Sarah L. Smart

Died at Shipley ^{Town} Ala Co ^{County} MARYLAND

Date 1909 Dec 22 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} Age 88 ^{Native of} Ala Co ^{Occupation} Housewife

Male White Married Widow Divorced
Female Colored Single Widower Number of children living None

Husband of Thomas L. Smart
 Wife
 Father's Name Henry Galahall ^{Mother's} Person
 Maiden Name

Cause of Primary Old age & debility ^{How long sick} Several months
 Death Immediate Heart failure 1st ^{Accident, Suicide, Homicide}

Reported by Thomas H. Grayson M.D.

Address Ellen Beanie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susie Stewart

CERTIFICATE OF DEATH

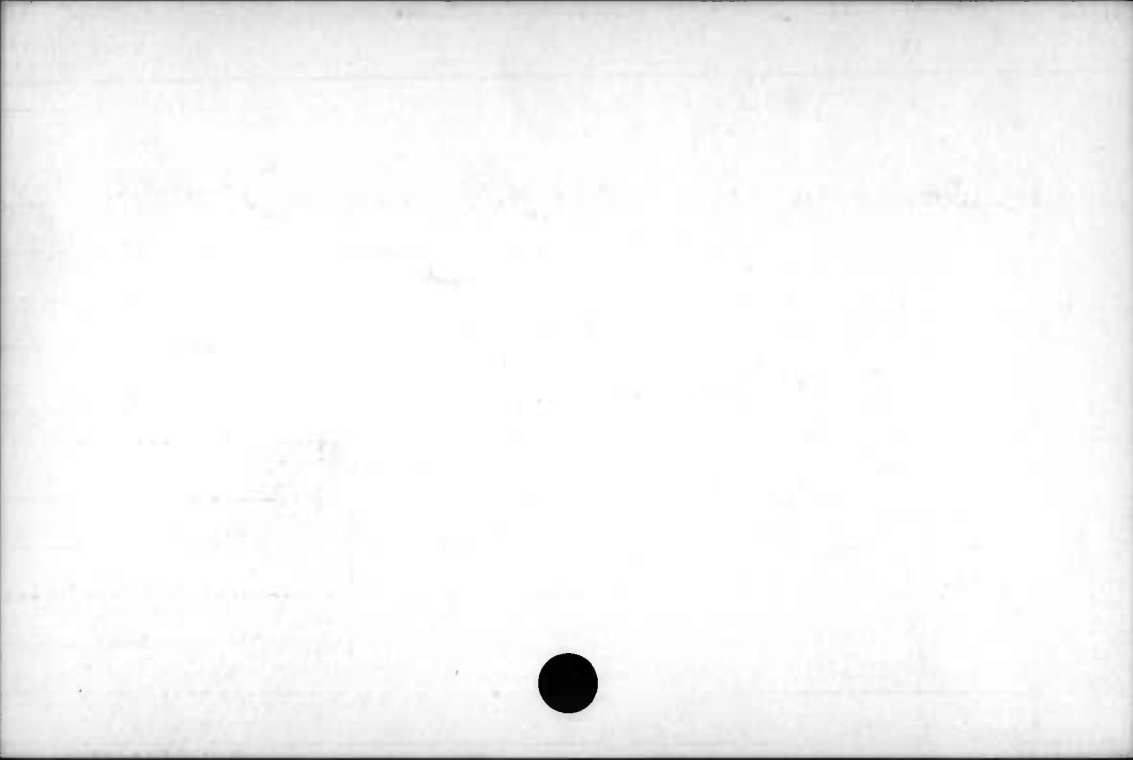
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>At</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>17</i> ^{Day}	<i>17</i> ^{Years}	<i>17</i> ^{Months}	<i>17</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Annapolis</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Wm Stewart</i>			Father's Birthplace <i>At Co.</i>		
Mother's Maiden Name <i>Ella Johnson</i> <i>138</i>			Mother's Birthplace <i>At Co.</i>		
Name of person giving information <i>Ella Johnson</i>			How related to deceased <i>Mother</i>		

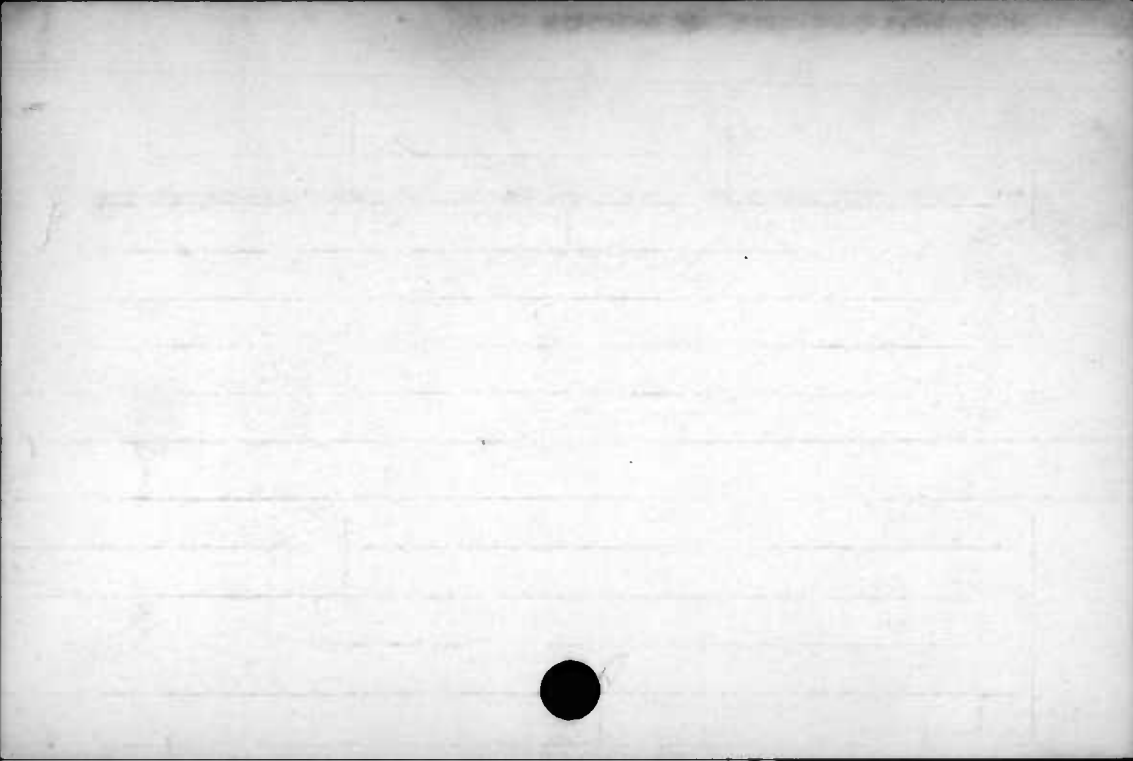
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>	How long <i>Twenty four hrs</i>
Immediate <i>Maeina</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name in Full		Miss Virginia Thornton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Anne County		MARYLAND	
	Date of death 190	Feb.	21	Age	72	Months	Days
	Sex	Female		Color or Race	White	Birth-place	Balt. Md.
	Married, Single or Widowed	Single		Occupation	Lady of ease		
	Name of Wife or Husband						
	Father's Name	Frances A Thornton				Father's Birthplace	Md.
	Mother's Maiden Name	Sarah Ann Keap				Mother's Birthplace	"
Name of person giving information	Her niece - Mabelson				How related to deceased	Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis - Hemiplegic				How long	1 1/2 months
	Immediate	Exhaustion				How long	"
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		H. R. Walton
	Address		Annapolis		Md.		
Accident or Suicide?							



Theodore M. Valentine

Town

County

Died at

Annapolis Anne Arundel

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 9

Age

0 0 3

Annapolis

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Henry Valentine

Maiden Name

Nancy E. Guier

Cause of

Primary

Umbilical Hemorrhage

How long sick

Two days

Death

Immediate

St. Louis

Accident, Suicide, Homicide

Reported by

J. M. & Campbell

Address

2000 E St Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Mosley
 Died at *Annapolis Md.* *A. A.* MARYLAND

Date 189*03* Month *2* Day *7* Age *60* Y. M. D. Native of Occupation *Labourer*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *2*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Death { Primary *La Grippe* How long sick *1 week*
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by

Address

J. W. Whittemore M.D.
Savage
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

